## P11000101027

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(Ad	ldress)	
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(Cit	ty/State/Zip/Pho	ne #)
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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Jacksonville Inc. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company City/ State and Zip Code For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## **Articles of Amendment**

to

Articles	of	Incorporation
		of

Kidney Rare of Jac	ksonville Inc.
(Name of Corporation as currently)	filed with the Florida Dept. of State)
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	4168 Southpoint Parkway S Suite 103
	Jackson ville, FL 32216
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent \\ \mathcal{L}\D\C\)	Y Lindgren =: '=
(Florida street	address)
New Registered Office Address: (C	, Florida : 19 (Zip Code) Co
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with  Signature of New Registered	h and accept the obligations of the position.
Signature of New Key	signau Ageni, if Chunging

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Hank Michael	5602 Leitner Drive Eas
Add			Coval Springs, FL 33067
Remove 2) Change	P	Wendy Lindaren	633 NE 2nd Place
Add	- + .	The second secon	Daniel Beach, FL 33004
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	
	11/	
	N/A	
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an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	ري. دور
provisions for implementing the amer	adment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		· · · · · · · · · · · · · · · · · · ·
<del></del>	N. /A	<del></del>
	N/A	
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The date of each amendment(s) adoption	. N/A	, if other than the
date this document was signed.	N.C	
Effective date if applicable:	09-01-3035	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date out of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action a	and shareholder
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
	by the shareholders through voting groups. The following statement sting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	N/A	
	(voting group)	
Dated <u>8 - 3</u>	0-2033	
Signature	endy Lindan	
	president on other/officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court	
	ciary by that fiduciary)	.co
	Wendy Lindaren	
	(Typed or printed name of person signing)	` . 
	President	
	(Title of person signing)	; ·
		r);
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